

# ARIZONA DEPARTMENT OF HEALTH SERVICES BUREAU OF EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEM

## *Premier EMS Agency Program (PEAP)*

## *Application and Handbook October 2012*






Leadership for a Healthy Arizona

### Bureau of Emergency Medical Services and Trauma System

Arizona Header



AZ.GOV  
Arizona's Official Web Site

Arizona Prehospital Information and EMS Registry System (AZ-PIERS)

#### INTEGRATIVE CARE

AZ-PIERS is the prehospital data collection component of the Premier EMS Agency Program (PEAP), a quality assurance initiative of the Bureau of EMS and Trauma System, facilitating statewide measurable improvements in emergent patient outcomes through evidence-based patient care, quality assurance processes, training, and research.

HIPAA allows covered entities (i.e. hospitals, fire and ambulance services) to supply the necessary data to the public health authority without patient authorization (Section 164.512). AZ-PIERS is fully HIPAA compliant.


Besides quality improvement activities, data submitted to AZ-PIERS can be used by ADHS, EMS agencies, hospitals, and learning institutions to advocate for resources, prepare grants, and other system

#### SYSTEM LOGIN

Username:

Password:

[CLICK HERE  
IF YOU FORGOT YOUR PASSWORD](#)



Central Region  
Northern Region  
Southeastern Region  
Western Region

## WHAT IS THE PEAP?

PEAP is a quality improvement initiative through the Arizona Department of Health Services (ADHS) in the Bureau of EMS and Trauma System (BEMSTS). PEAP is a voluntary initiative for Arizona's EMS agencies who are dedicated to improving the care they provide to their patients through a four-part implementation:

1. A senior director must attest, via signature that your agency is committed to using data to inform its patient care practice and to commit resources to make this possible.
2. Develop and empower a Quality Improvement Team to review 100% of runs dealing with:
  - **Major Trauma,**
  - **Acute Stroke,**
  - **Myocardial infarction with ST segment elevation (STEMI),**
  - **Out of Hospital Cardiac Arrest (OHCA).**
3. Purchase and/or utilize a NEMSIS compliant electronic patient care reporting system that submits EMS Patient Care Reports to BEMSTS consistent with data submission guidelines.
4. Use data from the electronic patient care reporting system in your quality assurance process through training and education that enhances patient care.



Agencies that attain **at least two** of the requirements will be recognized as a **Participating Agency**.

Agencies that implement **all four** parts of the program will be recognized as a **Premier EMS Agency**.

To participate, fill out the forms at the end of this handbook and submit them to BEMSTS. Ensuring that your agency commits to using data for quality improvement and patient care takes strong and committed leadership from your agency.

BEMSTS staff will help by:

- Providing you with a sample Quality Assurance Plan that can be personalized to your agency,
- develop the public health approach of *Data Collection, Data Analysis, and System Performance Improvement* within your agency,
- determine baseline and benchmarking targets for dealing with the four key conditions identified above through the analysis of aggregate data in the system,
- **and most importantly**, recruit the stakeholders in the trauma community for the development and implementation of best practices and policies.

The true beneficiaries of PEAP are the citizens of Arizona. As a provider you can feel proud that your agency is dedicated to evidenced-based quality improvement processes. The biggest returns will be in improvements of the overall trauma system, your agency, and the outcomes of patients.

### Is my data safe?

In one word, yes! All data is protected from subpoena and discoverability. BEMSTS enjoys the same protections as the Department of Health Services. Any data that could identify (1) **the patient**, (2) **the patient's family**, (3) **the health care provider (the EMT)**, or (4) **the Agency**, is fully protected from discoverability and subpoena.

**Regulatory Feedback:** The Premier EMS Agency Program is a **QUALITY IMPROVEMENT INITIATIVE** of BEMSTS that is administered by the Data and Quality Assurance (DQA) of the organization. BEMSTS is statutorily **PROHIBITED** from using quality improvement data for ANY regulatory related activities.

**Freedom of Information Act:** The Department of Health Services and BEMSTS are required to release de-identified aggregate data to the public. Any information released cannot contain any identifiable information related to the patient, the patient's family, the health care provider, or the agency.

**Research:** The EMS database must be made available for appropriate research activities to be consistent with ADHS policy. Oversight guidelines require that safeguards on data reporting, storage, and destruction are in place to protect the patient, the patient's family, health care provider, and agency. All research requests are reviewed by the ADHS Human Subject Review Board to ensure the implementation of these safeguards.

**Unauthorized Access:** All public health data collected by the Department of Health are protected from external, unauthorized access. The IT firewall system is comprehensive and is constantly monitored. All individuals accessing public health data are required to sign and follow data protection agreements.

### **How will my data be used?**

**Reports for contributing agencies:** The DQA staff will provide each contributing agency with reports of their system level performance measures for the four diseases (STEMI, OHCA, trauma, stroke). Additionally, aggregate data will be used to benchmark for other reporting agencies.

**Reports for EMS Council and State Trauma Advisory Board:** DQA staff will develop de-identified reports on these four diseases. Other typical registry reports will include information on the nature and frequency of EMS use in the State of Arizona.

**System and Outcome Analysis:** BEMSTS will be able to analyze our state's effectiveness for system and clinical perspective.

**NEMSIS (optional but strongly recommended):** The National EMS Information System (NEMSIS) was established to help states develop standardized elements. This database will be used to provide insight into EMS on a local, state, and national level. NEMSIS protects your data to the same extent as the state and is protected against subpoena and discoverability. Arizona's participation will help develop nationwide EMS training material, outcomes for patients, research, and resources.

Please visit <http://www.nemsis.org/index.html> for more information.

To get started fill out the attached forms and return them to BEMSTS by email to [Rogelio.Martinez@azdhs.gov](mailto:Rogelio.Martinez@azdhs.gov). DQA will then contact you to begin the process.

1. Senior Management Affirmation Form
2. Application Form

**All information received in connection with the Quality Assurance Process is confidential including this application**



## Bureau of Emergency Medical Services and Trauma System PEAP EMS Agency Data Submission Guidelines

Electronic Patient Care Reports (ePCRs) should be submitted monthly to the EMS Database through the suggested schedule:

Month	Patient Treatment Dates	Data Due Date
January	January 1 - 31	February 28 of same year
February	February 1 – 28/29	March 31 of same year
March	March 1 - 31	April 30 of same year
April	April 1 - 30	May 31 of same year
May	May 1 - 31	June 30 of same year
June	June 1 - 30	July 31 of same year
July	July 1 - 31	August 31 of same year
August	August 1 - 31	September 30 of same year
September	September 1 - 30	October 31 of same year
October	October 1 - 31	November 30 of same year
November	November 1 - 30	December 31 of same year
December	December 1 - 31	January 31 of next year

In order for the Bureau to provide timely reports to the agencies the following timeline has been proposed (not yet approved by the stakeholders):

Reporting Quarter	Bi-Annual Year 1	Bi-Annual Year 1	Bi-Annual Year 2	Bi-Annual Year 2
EMS <u>Contact</u> Date	October 2012-Mar 2013	Apr 2013-Sept 2013	October 2013- March 2014	April 2014- Sept 2014
EMS Due Date	7/1/2013	1/3/2014	7/1/2014	1/3/2015

All required ePCR data must be exported electronically to the Arizona StateBridge website of the AZ-PIERS <https://azemsis.azdhs.gov>. The service administrator for the agency will receive a secure username and password issued by the BEMSTS. This individual will then be able to create users for others at their agency. The agency administrator will be notified on any records that contain errors. All exported data is stored on a secure server that is always maintained.

For questions regarding PEAP please contact Rogelio Martinez, Data & Quality Assurance Section Chief at 602-542-2246 or [Rogelio.Martinez@azdhs.gov](mailto:Rogelio.Martinez@azdhs.gov).

To find out more information about AZ-PIERS please contact Anne Vossbrink, EMS Data Manager at 602-364-3164 or [Anne.Vossbrink@azdhs.gov](mailto:Anne.Vossbrink@azdhs.gov).



## Bureau of Emergency Medical Services and Trauma System PEAP EMS Agency Application

Please provide all requested information using black or blue ink only. You may type or handwrite your responses

### Section A. Agency Information

1	Agency Name	
2	Business Address	
3	Phone Number	
4	E-Mail Address	

### Section B. Agency Service

1	Service Level	BLS <input type="checkbox"/> ALS <input type="checkbox"/> BOTH <input type="checkbox"/>
2	Number of EMS Runs/Yr	BLS: Transp.       , Non-Transp.       ,    ALS: Transp.       , Non-Transp.

### Section C. Agency Administration

1	Chief Administrator Name	
2	Phone Number	
3	E-Mail Address	

1	Admin. Medical Director Name(If Applicable)	
2	Phone Number	
3	E-Mail Address	

1	Base Hosp. Coordinator Name(If Applicable)	
2	Phone Number	
3	E-Mail Address	

1	QA Manager Name	
2	Phone Number	
3	E-Mail Address	

### Section D. EMS Data Collection and Submission Agency

1	Do you use electronic patient care reports (ePCRs)?	YES <input type="checkbox"/> (continue to 2,3)    NO <input type="checkbox"/> (continue to 4)
2	If YES, Who is your software vendor?	
3	If YES, What is the product name & version?	
4	If NO, When you will start using electronic patient care reports?	N/A <input type="checkbox"/>
5	Will your agency send EMS Run Data to the Bureau of EMS & Trauma System?	YES <input type="checkbox"/> NO <input type="checkbox"/>

1	Does your EMS agency currently have a Quality Assurance Program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2	If Yes to E.1, please attach copies of your agency's QA process, and copies of approved policies that encompass 100% review of the four clinical areas: ST-elevation MI, Major Trauma, Stroke, and Out-of-Hospital Cardiac Arrest.	
3	Would you like assistance from the BEMSTS in establishing a QA process?	YES <input type="checkbox"/> NO <input type="checkbox"/>

I, the undersigned, as the Senior Manager for the named Agency listed in Section A.1 above herein this application agree to promote the quality assurance process within my agency. I will ensure that there exists a Quality Assurance Committee that meets at least quarterly and that I or my designee will attend. I further agree to ensure that written policies and procedures are produced, put in place, and followed that document the quality assurance process and include the four clinical areas: ST-elevation MI, Major Trauma, Stroke, and Out-of-Hospital Cardiac Arrest. If my agency utilizes an Administrative Medical Director responsible for the care provided by my agency, I will seek his/her participation in the quality assurance process. I will further ensure continued efforts toward achieving the four components necessary to be recognized as a Participant Agency in the BEMSTS Premier EMS Agency Program. I understand that the Premier EMS Agency Program is voluntary and non-punitive. I agree with the established mission of the program, which is to promote evidence-based treatments and integrated quality assurance process of the Arizona EMS and Trauma System to provide the best care for the citizens and visitors of Arizona.

<b>Senior Manager Signature</b>	
---------------------------------	--

<b>Printed Name:</b>		<b>Date:</b>
----------------------	--	--------------

<b>Printed Name:</b>		<b>Date:</b>
----------------------	--	--------------

Thank you for applying to participating in the Premier EMS Agency Program. You will be contacted by a BEMSTS staff member via email within two weeks of the BEMSTS receiving your completed and signed application and signed Data User Affirmation Agreement to provide your ADHS-assigned Username and Password and the *Health Services Gateway Manual for PEAP Participants*.

[illegible]